

FILED

SEP -5 2017

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
EAST ST. LOUIS OFFICE

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

REGINALD YOUNG,
Inmate # 50081-066

Plaintiff,

-v-

17-946-IPG
New Civil Filing:
Civil Case No: _____

UNITED STATES OF AMERICA,
*Department of Justice,
Federal Bureau of Prisons, et, als.*

PLAINTIFF'S CIVIL COMPLAINT PURSUANT TO
FEDERAL TORT CLAIMS ACT
28 U.S.C, §§ 1346(b)(1), 28 U.S.C.S. 2680 (a)
FOR PHYSICAL INJURY

COMES NOW Reginald Young, the Plaintiff pro se and files this action under the
The Federal Tort Claims Act, pursuant to 28 U.S.C. §§ 1346(b)(1), 28 U.S.C.S. 2680 (a)
for Physical Injuries arising from his " nuclear sclerotic cataract, and macular puckering
of his left eye. " This civil action for monetary relief under the Federal Tort Claims Act,
28 U.S.C. §§ 2671-2680. Under the provision of the Federal Tort Claims Act, Title 28 U.S.C.
§ 1346(b), 2671 et, seq, alleging liability of the United States of America, and or the Federal
Bureau of Prisons, et, als. And requests a jury trial.

Jurisdiction

28 U.S.C.S. § 1346(b)

It is provided in 28 U.S.C.S.(b) that the Federal District Courts shall have exclusive
jurisdiction of actions against the United States seeking recovery or money
damages for injury to person or property caused by a negligent act or
omission of an " employee of the government " while acting within the scope

of his/her office or employment, as in 28 U.S.C.S. § 2671 the term " employment of " any " federal agency.

§ 2671 (Monetary Relief)

" Employee of the government " includes (1) officers or employee of any Federal agency, acting within the scope of his/her office or employment.

(28 U.S.C.S. § 2680(a))

The Federal Tort Claims Act grants Federal Courts " jurisdiction " over claims arising from certain tortious conduct by government employees. 28 U.S.C.S. § 1346(b)(1). It represents a waiver of the sovereign immunity of the United States with respect to these claims. However, the statute contains a number of exceptions in which sovereign immunity is not waived. 28 U.S.C.S. § 2680(a).

§ 2680(e)

(a) Any claim based upon an act or omission of an employee of the Government, exercising due care, in the execution of a statute or regulation, whether or not such statute or regulation be valid, or based upon the exercise or performance or the failure to exercise or perform a discretionary function or duty on the part of a federal agency or an employee of the government, whether or not the discretion involved be abused.

(e) Any claim arising out of an act or omission of any employee of the Government administering the provisions of sections 1-31 of Title 50, Appendix.

In support the Plaintiff states as follows:

Complaint

The Plaintiff is currently incarcerated with the Federal Bureau of Prisons located at FCI Greenville, in Greenville, Illinois and brings this claim for damages. The Plaintiff Young is a 57 year old male, with cataract problems since 2005, and had " phacoemulsification of cataract surgery " with the implant of a " intraocular lens " to his right eye on May 11, 2009. It was further diagnosed that the Plaintiff needed additional surgery to his left eye as well, based upon the Young suffered from " nuclear sclerotic cataract " and " macular puckering of his

left eye ". It was determined by Dr. Bart J. Braine on November 3, 2008, that an additional follow-up and referral of additional surgical treatment was necessary to improve the Plaintiff's vision. It was further noted in this correspondence that the Plaintiff " had significant posterior subcapsular cataracts in both " eyes. (*It should be noted that the Plaintiff was in the custody and care of the Federal Bureau of Prisons*) Thus resulting with a diagnosis of the left eye cataract removal. (*cataract extraction and membrane peel*)

On October 19, 2011 after returning from outside medical trip, it was determined and diagnosed that the Plaintiff " receive cataract removal of O.S. ", regarding his left eye. (*see attached affidavit/recommendation*) On October 17, 2011 Dr. Alan Montgomery noted that Plaintiff needed cataract surgery O.D.

On January 15, 2014 Dr. A Montgomery diagnosed the Plaintiff with advanced stage of " retinopathy " and without any corrective surgery, the Plaintiff's eye sight is not expected to improve. (*The Plaintiff was in custody and care of the Federal Bureau of Prisons*)

On March 11, 2016, FCI Health Services noted " Health Problems " stating, (1) Nuclear Cataract (2) Other Cataract both were determined to be current.

On June 1, 2016 the Plaintiff was once again examined by Dr. Alan Montgomery, O.D. and the Plaintiff once again addressed his vision problems. Dr. Montgomery noted the Plaintiff's increasing OS problems. It was further determined that any high blood pressure problems were " NOT " the cause of the Plaintiff's visions problems. (*It should be noted that FCI Health Services on April 11, 2014 determined that any of the Plaintiff's vision problems where related to high blood pressure. FCI Greenville Heath Services, P/A K. Schneider, PA-C documented this on April 11, 2014, three months after Dr. Montgomery diagnosed the Plaintiff with " advanced stage of retinopathy ".*) (January 15, 2014)

Claim for Physical Damages

The record is clear that the Plaintiff has had cataract problems since 2005 and remains to the date of this filing. The record is clear that the Plaintiff was evaluated and diagnosed by two ophthalmologist to determine how to properly treat the Plaintiff's vision problems.

The consequence of this early diagnoses, and " wanton " action was to prevent any further " deteriorated of vision " which has occurred. Based on the Federal Bureau of Prisons failure to address the Plaintiff's vision problems as diagnosed at an early stage. The Plaintiff still suffers from vision problems related to his cataracts which has caused inflammation, angle closure, and has a medically unmanageable open angle glaucoma, thus progressive vision loss.

The Plaintiff continues to suffer eye pain, " blurred vision " and excruciating headaches based upon " keratoconus and bilateral cataracts " with significant posterior subcapsular " cataracts in O.U. The Plaintiff was diagnosed to undergo " par plana vitrectomy and membrane peel over five years ago, and as of this date, his visual acuity has significantly decreased. The Plaintiff also asserts that his vision problems have currently carried over to his everyday life situations and functions that also have been impaired, such as simply reading books, walking up stairs and difficulties with social interaction, attention and concentration.

The Seventh Circuit has held that a medical need is objectively " serious " where it has either been diagnosed by a physician as mandating treatment, or where the need is so obvious that even a lay person would recognize the neccessity for a doctor's attention.

Vision loss associated with cateracts or glaucoma satisfies the objective standard. *see* **Gutierrez v Peters**, 111 F. 3d. 1364, 1373 (7th. Cir. 1997) and **Burks v Raemisch**, 555 F. 3d. 592, 595 (7th. Cir. 2009) The Plaintiff has provided sufficient evidence based upon

record provided to this Court to establish his claim for damages thus creating a cause of action against the United States, Department of Justice and Federal Bureau of Prisons.

Action of the Defendant's

The Seventh Circuit has observed that " Congress expressly granted jurisdiction for suits brought against the United States for its employees ' conduct, and not the conduct of contractors. State common law principles cannot overcome this federal statute. Alinsky v United States, 415 F. 3d. 639, 643-44 (7th. Cir. 2005) (citations omitted) (United States cannot be held liable for any conduct of its independent contractors). With that said, FTCA claims " have been allowed to proceed against the United States " based on the conduct of outside providers. *See, e.g* Arteaga v United States, 711 F. 3d. 828, 830-31 (7th. Cir. 2013) (*Stating, employees of a private enterprise that receives money from the U.S. Public Health Services are considered Federal employees for the purposes of FTCA claim*) The Federal employees contained in this complaint failed to provide the Plaintiff with the necessary and diagnosed surgery to correct the Plaintiff's vision problems.

735 ILCS § 5/2-622 Substantive Law of the State

The Plaintiff is in compliance when this Court considers the merits of an FTCA claim, the Court looks to the substantive law of the State where the tort occurred. *See, e.g* Parrott v United States, 536 F. 3d. 629, 637 (7th. Cir. 2008); and Palay v United States 349 F. 3d. 418, 425 (7th. Cir. 2003) . The Plaintiff has provided an affidavit and reviewed the facts of the case with a qualified health professional who has diagnosed the Plaintiff's claim against the United States and Federal Bureau of Prisons. At the case at hand the Plaintiff has supplied documentation in which he received from FCI Greenville Heath Services, although he has requested additional medical documentation, and as of the filing of this complaint, health services has not provides those additional documents. In the

instant case, the Plaintiff asserts that he has complied with 735 ILCS § 5/2-622 and also satisfy section 2-622, by filing the necessary affidavits and or reports.

Statutes of Limitations 28 U.S.C.S. § 2401(b) (Administrative Remedies)

The Plaintiff states he has complied Pursuant to 28 U.S.C.S. § 2401(b) which requires that a Federal Tort Claims Act claimant file administrative claim with the appropriate Federal agency within two years of the claim accruing, and file a complaint in the District Court within six months of the denial of the Administrative claim. The Plaintiff filed a Federal Tort Claim with the U.S. Department of Justice, Federal Bureau of Prisons, North Central Regional Office on September 6, 2016, Case No: TRT-NCR-2017-00017 based upon new and additional information which was not available on a previous filing. On March 3, 2017 the Plaintiff was denied. It should be noted that the post-mark on this denial was March 6, 2017, and the Plaintiff did not actually receive this denial until March 8, 2017, thus this Court should consider that the actual six month period should begin on March 8, 2017, not March 3, 2017. *(enclosed copy of post-marked envelope)*

Affidavit's and Medical Records

The Plaintiff has provided medical documents signed by the physicians that treated the Plaintiff during his medical treatment. The Plaintiff has also requested additional documents from FCI Greenville Health Services related to contacts with " The Eye Surgery Center " in Centralia, Illinois which at time of this filing have not provided.

Claim of Relief

The Plaintiff states that a person's eye sight is one of the " four senses " that are needed to have a normal life in todays world. Regardless if the Plaintiff is incarcerated, this right to have the proper health care should not stop at the gates of a prison. The record is clear that at least two " ophthalmologist " have diagnosed the Plaintiff with serious vision

problems and that corrective surgery was needed. On June 16, 2011 FCI Greenville Health Services called Kim Sullivan to schedule surgery for the Plaintiff, which never happened. (see, attached consultation request). It was also determined on July 19, 2011 after returning from an outside evaluation that the Plaintiff receive cataract removal of O.S.

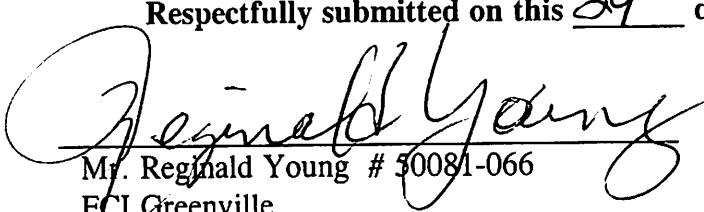
The Plaintiff vision problems have been on going since 2011 and currently continue as the filing of this suit, and eight years is far to long. The Plaintiff is requesting in this Tort Action, that he receive, as prescribed and diagnosed corrective eye surgery. And based upon the length of time that the Plaintiff has suffered under these conditions be awarded \$62,000.00 dollars for pain and suffering, and actual damages resulting from the delay of treatment of the Federal Bureau of Prison, Department of Justice, and the United States.

CONCLUSION

WHEREFORE the Plaintiff has shown that under the care and custody of the United States, Department of Justice, and Federal Bureau of Prisons has suffered actual injuries. The Plaintiff has also shown this Honorable Court that this claim is supported by enough facts to state a claim, and relief is plausible on its facts.

The record is also clear that the Plaintiff is entitled to " relief " rather than a " blanket - assertion " of entitlement for relief. This Complaint has shown more than a mere suspicion of a legal cognizable right to action.

Respectfully submitted on this 29th day of August, 2017


Mr. Reginald Young # 50081-066
FCI Greenville
P.O. Box 5000
Greenville, IL 62246
PRO SE REPRESENTATION

CERTIFICATE OF SERVICE

I, Reginald Young hereby certify that I have served a true and correct copy of the following:

Plaintiff's civil complaint pursuant to
Federal Tort Claims Act
28 U.S.C. §§ 1346(b)(1), 28 U.S.C. 2680(a)
For Physical Injury

Which is deemed filed at the time it was delivered to prison authorities for forwarding, Houston v. Lack, 101 L. Ed. 2d 245 (1988), upon the defendant/defendants and or his attorney/attorneys of record, by placing same in a sealed, postage prepaid envelope addressed to:

United States Courthouse
750 Missouri Avenue, Room 104
East St. Louis, IL 62201

And deposited same in the United States Mail at the Federal Correctional Institution at
FCI - Greenville P.O. Box 5000, 62246

I declare under penalty of perjury (TITLE 28 U.S.C. §1746) that the forgoing is true and correct.

Dated this 29th day of August 2017

Reginald Young

Rev. 10/2006

**Bureau of Prisons
Health Services
Dental Health History Screen**

XXX

Inmate Name: YOUNG, REGINALD
Date of Birth: 05/07/1960
Encounter Date: 03/11/2016 09:59

Sex: M Race: BLACK
Provider: Hartnagel, Catherine

Reg #: 50081-066
Facility: GRE
Unit: C07

ASSESSMENTS:

Health Problems as of Dental Health History Encounter date: 03/11/2016 09:59

Health Problems

<u>Health Problem</u>	<u>Status</u>
✓ Diabetes mellitus, type II (adult-onset)	Current
✓ Nuclear cataract	Current
✓ Other cataract	Current
✓ Other cataract	Current
Benign paroxysmal positional vertigo	Current
Hypertension, Benign Essential	Current
Arrhythmia, cardiac dysrhythmia, unspecified	Current
Chronic periodontitis, unspecified	Current
Abnormalities of the hair	Current
Folliculitis	
✓ Examination of eyes and vision	Current
Carbuncle and furuncle of other specified sites	Resolved
left axilla	
Hidradenitis	Resolved
left axilla	
LTBI Prophylaxis Prior to BOP Incarceration	Resolved
chart review this date.	

Medical History as of Dental Health History Encounter date: 03/11/2016 09:59

Medical History:

Allergies:	Denied
Seizures:	Denied
Diabetes:	
Type:	Non-Insulin Dependent
Age of Onset:	
Comments:	
Cardiovascular:	Denied
CVA:	Denied
Hypertension:	
Age of Onset:	Unknown
Comments:	
Respiratory:	Denied
Sickle Cell Anemia:	Denied
Carcinoma/Lymphoma:	Denied
Comments:	

XX ✓

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: YOUNG, REGINALD	Sex: M Race: BLACK	Reg #: 50081-066
Date of Birth: 05/07/1960	Provider: Montgomery, Alan OD	Facility: GRE
Note Date: 10/17/2011 11:02		Unit: C08

Optometry encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Montgomery, Alan OD

Exam Written note No Diabetic Retinopathy Cataract OS Cataract surgery OD Monitor

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Montgomery, Alan OD on 10/17/2011 11:45

Requested to be cosigned by Kruse, Douglas MD/CD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Gillian, Harold PA-C.

Review documentation will be displayed on the following page.

XXX ✓

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: YOUNG, REGINALD
Date of Birth: 05/07/1960
Note Date: 07/19/2011 15:51

Sex: M Race: BLACK
Provider: Kelly, Renna RN

Reg #: 50081-066
Facility: GRE
Unit: C08

Medical Trip Return encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Kelly, Renna RN

Inmate returned from outside medical trip after seeing Ophthalmology and recommendations received for Cataract removal of OS. Will submit consult for eval during UR.

New Consultation Requests:

Consultation/Procedure

Due Date

Priority

Translator

Language

Ophthalmology

No

Reason for Request:

Cataract removal OS as recommended in 07-19-2011 consult

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Kelly, Renna RN on 07/19/2011 15:54

Requested to be cosigned by Kruse, Douglas MD/CD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Gillian, Harold PA-C.

Review documentation will be displayed on the following page.

FCI/FPC GREENVILLE
100 US RT 40
GREENVILLE, IL 62246

Via shared record /tr verbal: Dr. requests advice
or an opinion on signs/symptoms from am with suspected DX of

APPT NOTE: 50081-066
PAGE:
NAME: **Reginald Young**
ADDRESS: FCI Greenville PO Box 4000
Greenville, IL 62246
PHONE: (618) 664-6289,
WORK:
DOB: 05/07/1960 (51)
Patient ID # / ACCT # 108454 / 108454
ALLERGIES:
THIS VISIT: 07/19/2011 1:15 pm
PCP:
LOCATION: SWANSEA

CHIEF COMPLAINT

Nure for Cat. eye OS

HPI LOCATION ☐ OD ☒ OS ☐ OU Other

QUALITY Va blurred OS. OD fine.

SEVERITY least ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 > most

DURATION Constant hours days weeks ☒ months years

CONTENT

MODIFYING FACTORS

ASSOCIATED SIGNS & SYMPTOMS

CHRONIC / INACTIVE CONDITIONS

Indicate: 10L OD Cat OS

ROS/PFSH as recorded on 4-11

Scribed by CW, COA Performed by MD

Neurologic/Psychiatric

☒ Oriented in time, place person

☒ Moods and affect appropriate

Medication Time

☒ Hydralazine 1%

☒ Neo 0.5%

☒ Cyclogyl 1% PM.

☒ Paremide

Bat

20/100 (OS)

Ta 13/14 CW

EXAM

readers old

W OD
OS
Wearing Add

-0.25 sph

R OS
Add

-1.25 +0.50 X 155

Refraction
WNL

EXAMINATION
PERFORMED

☒ OD OS
☒ Gross Visual Field testing by confrontation

☒ Test Ocular Motility including primary gaze alignment

☒ Examination of Ocular Adnexa including lids (e.g. ptosis or lagophthalmos), lacrimal glands, lacrimal drainage, orbits and preauricular nodes

☒ Examination of Pupils, 3/3
Iris including shape, direct and consensual reaction (afferent pupil), size, e.g. miosis and mydriasis

☒ Inspection of bulbar and palpebral Conjunctiva

☒ Slit lamp examination of Corneas, including epithelium, stroma, endothelium and tear film

☒ Slit lamp examination of Anterior Chambers, including depth, cells and flare

☒ Slit lamp examination of Lenses including clarity, anterior and posterior capsule, cortex and nucleus

☒ Ophthalmic examination through Dilated Pupils (unless contraindicated) of Optic Disks, including size, C/D ratio, appearance (e.g. atrophy cupping, tumor elevation) and nerve fiber layer

☒ Posterior segments including Retina and Vessels (e.g. exudates and hemorrhages)

IMPRESSION:

① NS/PSC cat. OS - vis sig.
② JOL OD - stable ③ NIDDA

PLAN ① reviewed R/P/A of CE - want to proceed
② sched JOL OS. Biomech

Dictate E-Prescribe (444) No Prescription (444) Manual Prescribe (444) Author MD: Jeffrey M.
Next Visit: HVF OCT GDX Today: PACH Date of Biometry done

1 sugar comp.
evaluation mont.

X ✓

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: YOUNG, REGINALD
Date of Birth: 05/07/1960 00:00

Reg #: 50081-066 **Complex:** GRE
Sex: M

Report of Consultation

Inmate Name: YOUNG, REGINALD
Date of Birth: 05/07/1960 00:00
Institution: GREENVILLE FCI
100 U.S. HWY 40
GREENVILLE, Illinois 62246
6186646200

Reg #: 50081-066
Sex: M

*Call to schedule surgery
618-277-1130 Kim Sullivan*

Completed By:

Report may be hand-written or (preferably) typed on this form. If dictated on office or hospital letterhead to follow, please indicate essential findings or recommendations to be acted upon pending final report.

Follow-up services and primary responsibility for inmate health care remains with Bureau of Prisons staff. While discussion of diagnostic/treatment options with the inmate may be appropriate, they are subject to review by the inmate's primary care provider, the Institution utilization review committee and/or the BOP National Formulary.

Please notify institution prior to scheduling surgery dates or follow-up appointments.

Inmate not to be informed of appointment dates.

HEALTH SERVICES
FCI/FPC GREENVILLE
100 US RT 40
GREENVILLE, IL 62246PAGE: 50081-006
NAME: Reginald Young
ADDRESS: FCI Greenville PO Box 4000
Greenville, IL 62246
PHONE: (618) 664-6289
WORK: -
DOB: 05/07/1960 (50)
ACCT #108454 / 108454

ALLERGIES:

THIS VISIT: 04/04/2011 2:00 pm

PCP:

LOCATION: CENTRALIA

New RX F SX OD

EXAM

W

OD Old Rx for reading only
OS -3.50 -2.50 X 87
Add +2.50

Wearing

bR

OD -0.25 -1.25 X 169 20/25 +2
OS -0.75 -1.25 X 172 20/30
Add 3.50

Refraction

WNL

OD OS

Green Visual Field testing by confrontation

Toni Ocular Motility including primary gaze alignment

Examination of Ocular Adnexa including lids (e.g. ptosis or lagophthalmos), lacrimal glands, lacrimal drainage, orbits and preauricular nodes.

Examination of Pupils, 2-20 A P D S
includes including shape, direct and consensual reaction (afferent pupil), size, e.g. anisocoria and morphology.

Inspection of lid and palpebral Conjunctiva.

Slit lamp examination of Corneas, including epithelium, stroma, endothelium and tear film.

Slit lamp examination of Anterior Chambers, including depth, cells and flare.

Slit lamp examination of Lenses including clarity, anterior and posterior capsule, cortex and nucleus.

Ophthalmic examination through Dilated Pupils (unless contraindicated) of Optic Discs, including size, C/D ratio, appearance (e.g. atrophy cupping, tumor elevation) and nerve fiber layer.

Posterior segments including Retina and Vessels (e.g. exudates and hemorrhages).

IMPRESSION:

① NP/BC cat. OS - far ref. lines OD
② Tol OD - stable ③ NIDDM with ADR
④ R/B/A of CE - wants to proceed
⑤ school Tol OS. Biometry

Via shared record llr verbal; Dr. Greenville PA.c requests an or an opinion on signs/symptoms exam with suspected DX of Cat w/ali

CHIEF COMPLAINT It needs to have usual OS cat sp

HPI LOCATION OD OS QU Other

QUALITY VA Close or To See anything

SEVERITY least < 1 2 3 4 5 6 7 8 9 10 > mo.

DURATION hours days weeks months year

CONTEXT Ophthalmic

MODIFYING FACTORS Ophthalmic

ASSOCIATED SIGNS & SYMPTOMS Ophthalmic

CHRONIC/INACTIVE CONDITIONS Ophthalmic

ROSOPSH as recorded on 4-09 reviewed and updated as noted

Scribed by JB Performed by MD

Neurologic/Psychiatric

Oriented to time, place person

Mood and affect appropriate

Dilation Time

Mydracil 1%

Neo 2.5%

Cyclogyl 1%

Paremyd

Ta 13/12

Glaucoma PT starting pressures

15% reduction PQRI 32841

No 15% reduction PQRI 32857

plan of care in place PQRI 05177

NA newly diagnosed or no glaucoma

MEDICATIONS

Metformin

Metformin

OCULAR SURGICAL HX

OCULAR MEDICATIONS

ictate E-Prescribe(G2445)

No Prescription(G2445)

Manual Prescribe(G2445)

MD: Dr. Jeffrey H.

1 Visit: HVP

OCT

GDX

Today: PACH

Date of Biometry

done

50081-066

APPT NOTE: 1 wk po gb

Patient: Young, Reginald

Address: FCI Greenville
Greenville, IL 62246

Phone: (618) 664-6289

DOB: 05/07/1960 AGE: 49

Acct. #: 97070

ALLERGIES:

LOCATION: CENTRALIA

This Visit: 05/19/2009



THE EYE SURGERY CENTER

Referring doctor:

Post-op eye: Colors are bright
VA good & pain

Other eye: OS is Cloudy &
Blurry ←

☒ WNL
☐ OD ☐ OS

External

☐ ABN
☐ OD ☐ OS

Post-Op Period/Date of Surgery
8 DAY 3/10/09 OD (5-11-09) PM

Other Ocular Diagnosis

BS 106-109 thru wk. Per H

OD 20/40+1

OD 20/30

V OS 20/80

Vph OS M

MR -025-100 x 167 20/20-1

IOP

OD 14

OS 17

OD

BAT

OS (20/400)

Eye Meds

☒ Nevanac tid

☐ Vigamox tid

☒ Omnipred tid

☐ Vigamox qid

OD

OS

OU

OD

OS

OU

Has been using Nevanac 6x

WNL			ABN	
OD	OS		OD	OS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pupillary exam	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Conjunctiva	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cornea	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Anterior Chamber	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lens	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Vitreous and Retina	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Mydrilacil / Phenylephrine OD ☒ OS ☐
1:00

2x NS / 3x PRC OS
DFE: ret. flat, d/b lense

Plan/Comments

☒ Follow postoperative instruction sheet

☐ Use _____ until bottle is gone

☐ Use _____ until bottle is gone

☒ OK to schedule other eye

Follow-up

☐ 1 Week

☒ 2 Weeks

☐ 1 Month

☐ Release to Optometrist

Larry Leone, M.D.

Physician

CLINIC Greenville

5/21/09

☐ Fax to Referring Doctor

☐ Fax Transfer of Care Form

18 day sh JOL OD - doing well
1) NS/PRC cat. OS - vis. sig → sched JOL
2) N1DR - until NPDR

ANDREW C. PEDERZOLLI, M.D.
BART J. BRINE, M.D.
DISEASES AND SURGERY OF THE EYE
OPHTHALMOLOGY
1059 EAST STATE STREET
SALEM, OHIO 44460
(330) 332-9991

November 3, 2008

Clinical Director
FCI Elkton
Lisbon, OH 44432

Re: Reginald Young

#50081-066

Dear Doctor,

I had the pleasure of examining Reginald Young on October 27, 2008. As you may recall, Mr. Young is a 48 year old black male who has been complaining about progressive loss of vision, the OD more so than the OS, over the past couple of years. His past medical history includes diabetes mellitus.

Acuity is 20/80 OD and 20/60 OS without correction. I am unable to improve his vision with spectacles. Slit lamp exam is quiet with acquired racial melanosis. There is no rubeosis. He does have significant posterior subcapsular cataracts in OU.

Dilated exam is extremely poor secondary to the opacity. However, everything looks to be flat.

My impression is visually significant cataract OU, for which I do recommend cataract removal, the OD followed shortly by the OS. The reasons for this, of course, would be visual improvement and to allow us to better diagnose and treat any diabetic retinopathy.

I hope you find this information useful.

Sincerely,



Bart J. Brine, M.D.
BJB/lsm

RM Lepore MD
RM LEPIANE
11/7/08

(Please Print)

The bottom portion of this form will be returned to you with your appointment date and time.

(Escriba separado)

La porcion inferior de esta forma le sera devuelta indicando la fecha y hora de su cita medica.

has dr. eye exam.

also blurry vision in the left eye

Name:

Nombre:

Unit:

Unidad:

Reginald Young
Co-North

Register Number:

Numero:

Today's Date:

Fecha:

50081-0666

12-10-2006

What is your medical problem?

Cual es su problema medico?

my vision is blurred (might be cataracts)

When did your problem begin or how long have you had the problem?

Cuando comenzo su problema

cuanto tiempo lo ha tenido?

About 2 or 3 months

When were you seen last for your problem?

Cuando fue visto por ultima vez por su problema?

The 20th of Nov. 2006

Are you taking medicine? (Circle One) YES ☒ NODo you need Refills? (Circle One) Yes ☒ NOEsta tomando medicinas? (Circule Uno) SI ☒ NONecesita mas medicina? (Circule Uno) SI ☒ NO

Medication/Medicina	Used for / Usada para	Medicine/Medicina	Used for / Usada para
1.		4.	
2.		5.	
3.		6.	

Do you request any information from the Pharmacist about your medication?

Necesita informacion del farmaceutico sobre su medicina?

YES ☒ NOSI ☒ NO

Do you have pain?

Tiene dolor?

YES ☒ NOSI ☒ NO

How severe? (Circle One) Least pain 1 2 3 4 5 6 7 8 9 10 Maximum pain

Cuan severo? (Circule Uno) Minimo 1 2 3 4 5 6 7 8 9 10 Maximo dolor

Have you had an injury?

Se lesiono?

YES ☒ NOSI ☒ NO

If YES, where is the pain?

Si se lesiono donde es el dolor?

(Do not write below this line)

(No escriba bajo esta linea)

Date scheduled to be seen:

DATE:

TIME:

THIS IS YOUR SICK CALL APPOINTMENT (Present it to the Unit Officer) ESTA ES SU CITA (Presenela al oficial)

Name:

Reg No.

Unit:

Young

50081-0666

Your appointment is scheduled for:

DATE:

TIME:

Provider's Name:

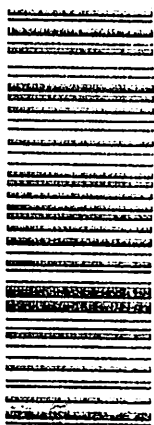
Bring this stub to your appointment.

Tralga este cupon a su cita.

Was referred by Dr. Reginald
you are on the list for upcoming

U.S. Department of Justice
Federal Bureau of Prisons
North Central Regional Office
400 State Avenue, Gateway Tower II, 8th Floor
Kansas City, Kansas 66101-2421
Official Business

11

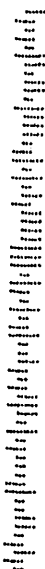


KANSAS CITY
0640
MAR 17
171

7016 0910 0000 2694 8810

36
Reginald Young
Register No. 50081-066
FCI Greenville
P.O. Box 5000
Greenville, IL 62246

62246-500000



1002
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1002

Reginald Young # 50081
P.O. Box 5000
Greenville, IL 62244

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CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
EAST ST. LOUIS OFFICE

United States Courthouse
750 Missari Avenue, Room 104
East St. Louis, IL 62201



FEDERAL BUREAU OF PRISONS
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